

APPLICATION DATA SHEET

APPLICATION INFORMATION

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| Application Type:: | REGULAR |
| Subject Matter:: | UTILITY |
| CD-ROM or CD-R?:: | NONE |
| Title:: | ACTIVE AGENT DELIVERY SYSTEMS, MEDICAL DEVICES, AND METHODS |
| Attorney Docket Number:: | P-10998.00 |
| Total Drawing Sheets:: | 23 |

INVENTOR INFORMATION

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| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | US |
| Status:: | FULL CAPACITY |
| Given Name:: | Randall |
| Middle Name:: | V |
| Family Name:: | SPARER |
| City of Residence:: | Andover |
| State or Province of Residence:: | MN |
| Country of Residence:: | US |
| Street of Mailing Address:: | 13522 Gladiola Street NW |
| City of Mailing Address:: | Andover |
| State or Province of Mailing Address:: | MN |
| Country of Mailing Address:: | US |
| Postal or Zip Code of Mailing Address:: | 55304 |

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| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | US |
| Status:: | FULL CAPACITY |
| Given Name:: | Christopher |
| Middle Name:: | M |
| Family Name:: | HOBOT |
| City of Residence:: | Tonka Bay |
| State or Province of Residence:: | MN |
| Country of Residence:: | US |
| Street of Mailing Address:: | 40 Pleasant Lane W |
| City of Mailing Address:: | Tonka Bay |

State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55331

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: China
Status:: FULL CAPACITY
Given Name:: SuPing
Family Name:: LYU
City of Residence:: Maple Grove
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 6625 Garland Lane No.
City of Mailing Address:: Maple Grove
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55311

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Kishore
Family Name:: UDIPI
City of Residence:: Santa Rosa
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3575 Alkirst Ct
City of Mailing Address:: Santa Rosa
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95403

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

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|------------------|--------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Non-Provisional of | 60/403,352 | 08/13/02 |

ASSIGNMENT INFORMATION

Assignee Name:: Medtronic, Inc.
 Street of Mailing Address:: 710 Medtronic Parkway NE
 City of Mailing Address:: Minneapolis
 State or Province of Mailing Address:: MN
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 55432